

The Right To Know Health Promotion Campaign

DISSEMINATION GUIDE



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I. Introduction

What Is *The Right To Know* Campaign and Why Is It Needed?

Breast cancer is a major public health concern for all women, including women with disabilities. Women who have disabilities are just as likely as women without disabilities to have ever received a mammogram; they are significantly less likely, however, to have been screened within the recommended guidelines (MMWR 1998, Iezzoni et al. 2000, Schootman 2003, Armour et al. 2008). The public health community has increased breast cancer awareness and encouraged women to adopt preventive practices through the use of health communication messages and campaigns, yet few communication messages exist that target women with disabilities.

Few communication messages exist that target women with disabilities

The Centers for Disease Control and Prevention (CDC) conducted a qualitative study to explore the barriers to breast cancer screening for women who have physical disabilities. Barriers identified included: lack of perceived susceptibility to cancer, preoccupation with other health issues, not knowing where to go for accessible screening, difficulty with positioning, inaccessible facilities and equipment, and provider knowledge and attitudes (Thierry 2004). Women with disabilities also identified the lack of health promotion messages and materials that reflect their unique needs as problematic and requested that CDC address this issue.

As a result of this study, CDC, in collaboration with its social marketing contractor, the American Institutes for Research® (AIR), created and tested a family of health promotion materials

(e.g., posters, MP3 files, low-tech fliers, print advertisements, and tip sheets) designed to increase awareness of breast cancer among women with physical disabilities and encourage these women to get screened. Research has shown that perceived susceptibility (Aiken et al. 1994, Allen et al. 1994, Stein et al. 1992) and self-efficacy (Bandura 1977, Allen et al. 1998, Palmer et al. 2005) are strongly associated with mammography screening. These materials share the tagline “Breast Cancer Screening. *The Right To Know*,” and feature four women with physical disabilities who have survived breast cancer. They are designed to address the issues of perceived susceptibility and self-efficacy.

The Right To Know Pilot Campaigns

The Right To Know health promotion materials were disseminated in three pilot communities (Salinas, California; Chicago, Illinois; and Boston, Massachusetts) over a 5-month period. CDC and AIR partnered with the Central Coast Center for Independent Living (CCCIL) in Salinas, the Rehabilitation Institute of Chicago (RIC), and the Massachusetts Office on Health and Disability (MOHD) to:

1. Identify successful strategies for product dissemination.
2. Distribute and track the materials.
3. Promote community capacity building.
4. Evaluate the effect these materials had on awareness, perceived susceptibility, or self efficacy, or a combination thereof, regarding breast cancer screening for women with physical disabilities.

Information gleaned from these pilot campaigns was used to finalize the campaign products, inform the development of this *Dissemination Guide*, and develop a national health promotion campaign to educate women with disabilities about their risk for breast cancer and encourage them to get screened.

Who Should Use This Guide

The materials in *The Right To Know Campaign* are designed to help organizations effectively communicate the need for early and regular breast cancer screening for women living with physical disabilities. Organizations that will find this *Dissemination Guide* helpful include:

- State health departments
- Rehabilitation hospitals and clinics
- Centers for Independent Living (CILs)
- Disability service organizations
- Cancer screening programs

Purpose of This *Dissemination Guide*

This *Dissemination Guide* serves as a resource to help organizations

- Plan and execute a state or local community health promotion campaign encouraging women with physical disabilities to get screened for breast cancer every 1 to 2 years.
- Use the materials effectively and learn how other organizations incorporated them into their local health promotion campaigns.
- Monitor and track their health promotion campaign activities.



II. Tools You Can Use

The Right To Know campaign materials are intended to increase awareness of breast cancer and motivate women older than 40 years of age living with physical disabilities to get a mammogram every 1 to 2 years.

Organizations and their partners can use some or all of these materials, depending on the health promotion campaign activities they are planning to implement. Materials can be downloaded from *The Right To Know* campaign website at www.cdc.gov/RightToKnow. Copies of materials also can be ordered through the website as well. The health promotion materials are:

Health Promotion Product	Dimensions/Printing Information	Examples of Use
5 Posters (4 English, 1 Spanish)	<ul style="list-style-type: none"> • 17 by 22 inches • May be folded down to 8.5 by 11 inches for shipping • Two-color • Professional printing services required to print full-size, color posters • Cannot be customized 	<ul style="list-style-type: none"> • Display in waiting and examination rooms of health clinics or health care provider offices for women, people with disabilities, or low-income individuals; rehabilitation centers; and disability service organizations • Post in public transportation areas such as subways, disability transit buses, and city bus shelters
7 Low-Tech Fliers (event posters) (5 English, 2 Spanish)	<ul style="list-style-type: none"> • 8.5 by 11 inches • Black and white • Top half of flier, with visual and message, is static • Bottom half of flier can be customized with announcements from the organization or local mammography center information • Can be printed easily from office computer and printer • High-quality office printer required 	<ul style="list-style-type: none"> • Display in same locations as posters (see above) • Include as inserts in newsletters or other direct mailings for clients of rehabilitation centers or Centers for Independent Living • Use to promote a local event, education class, support group, or discussion
2 Tip Sheets (1 English, 1 Spanish)	<ul style="list-style-type: none"> • 8.5 by 11 inches • Black and white • Professional printing or high-quality office printer required • Cannot be customized 	<ul style="list-style-type: none"> • Pair with important mailings from hospitals or health care providers, such as bills, Social Security Insurance checks, or appointment slips • Post on an organization's website • Distribute at events such as health fairs and community seminars or when checking in for a medical appointment or mammogram • Display on tables in waiting rooms • Use as "talking or message points" when preparing for media interviews, writing press releases, and creating fact sheets

Health Promotion Product	Dimensions/Printing Information	Examples of Use
4 MP3 Audio Recordings (3 English, 1 Spanish and English)	June's recording time—2:51 Diane's recording time—2:00 Judy's recording time—2:06 Helen's recording time—3:12 (Combination of Spanish and English)	<ul style="list-style-type: none"> • Play over an audio system during an event or in a health clinic or hospital waiting room • Air during a radio talk show or incorporate into a public service announcement to be played on the radio • Post on an organization's website • Use in support groups for discussions
5 Web Banner Advertisements (4 English, 1 Spanish)	<ul style="list-style-type: none"> • 300 by 125 pixels • Printing resolution is 72 dpi (dots per inch) • Size of file for Diane's banner advertisement is 108 kb • Size of files for all other banner advertisements is 96 kb • Cannot be customized 	Post on organization or national websites and link to the MP3 audio recordings
5 Full-Page Advertisements and 15 Varied Small-Size Advertisements (16 English, 4 Spanish)	<ul style="list-style-type: none"> • Black and white • Electronic versions of advertisements are camera ready • Full-size advertisements are 6.375 by 10 inches on an 8.5- by 11-inch page • Three smaller advertisements on an 8.5- by 11-inch page are: <ul style="list-style-type: none"> – 2.062 by 10.031 inches – 2.062 by 5.172 inches – 4.5 by 5.172 inches • Cannot be customized 	<ul style="list-style-type: none"> • Place advertisements in a variety of print publications including: Women's health and disability magazines and newsletters, and daily and community newspapers • Use the large advertisements in place of posters if the posters are too big for a space. <i>Note: Advertisement content might be difficult to read due to the smaller font size</i>
www.cdc.gov/RightToKnow	<ul style="list-style-type: none"> • Download <i>The Right To Know</i> health promotion materials • Learn about campaign ideas and activities 	<ul style="list-style-type: none"> • Establish a link from an organization's website to <i>The Right To Know</i> website

CDC Guidelines for Use of *The Right To Know* Campaign Materials

The Right To Know campaign materials have been created and refined by CDC through extensive testing and feedback with the target audience: women older than 40 years of age living with physical disabilities. When using these materials in state and local health promotion efforts, organizations need to adhere to the following CDC materials use guidelines.

E-mail any questions regarding the use of these health promotion materials to cdcinfo@cdc.gov.

- Incorporate *The Right To Know* campaign materials with other breast cancer or preventive health care information.
- All print and audio files may be posted on websites or widely distributed via e-mail and the Internet.
- Audio files may be “tagged” with local organization contact information and aired on radio stations.
- Materials may be reproduced as needed. There are no limitations on the quantity of products that may be reproduced.
- *The Right To Know* campaign materials may use logos representing the U.S. Department of Health and Human Services (HHS) and CDC only. Additional organization logos are not to be added on any of the materials.
- Organizations may add their name, telephone number, website URL, or local messages to the low-tech fliers. The posters, print advertisements, tip sheets, and Web banners may not be modified.
- Organizations may incorporate local contact information, local key messages, or

other information on the bottom of the low-tech fliers in the space allotted. Font sizes of the organizational names should be smaller than the CDC or HHS logos and organizational logos or other graphics may not be added. To customize each flier:

- ◆ Open the flier file and go to VIEW on the menu bar. Select “print layout.” This allows viewing of the picture and text box at the same time.
- ◆ Use the large space on the bottom half of the fliers to incorporate additional information, such as announcements for meetings or other events, local accessible mammography centers, and organizations that can provide information on breast cancer screening and treatment.
- ◆ Sample text is included in the electronic file for each flier. The text’s font type and size are recommended. If you type in new text over the sample text shown, the style will be maintained.



Using *The Right To Know* Website

The Right To Know website, www.cdc.gov/RightToKnow, is an online resource on breast cancer screening for women with physical disabilities. The website contains electronic versions of all campaign products that can be downloaded easily, saved onto office or home computers, and printed. They also can be e-mailed easily and posted onto websites. Furthermore, organizations and health departments can order professionally printed reproductions of campaign materials from the website. There is no charge for these materials.

III. Getting Started: Campaign Preplanning and Securing Partners

Committing To Lead *The Right To Know* Health Promotion Campaign

Successful health promotion campaigns need the commitment and support of an organization's leadership and of the team that will be responsible for planning and implementing campaign activities.

The very first step in planning *The Right To Know* campaign is for an organization's leadership (or appropriate decision makers) to answer a few important questions that will help guide the campaign's goals, components, partnerships, timing, staffing, and financial resources. Consider answering these core campaign questions when beginning to plan *The Right To Know* campaign:

- What is your organization's overall campaign goal?
 - ◆ What do you want the campaign to achieve?
- Does your organization want to conduct one campaign activity or several?
- What financial and human resources are currently available to support campaign activities?
- When do you want to launch the campaign?
 - ◆ Depending on the campaign's activities, planning time might require a few weeks or a few months.
- How many months should the campaign last?
 - ◆ Does your organization have the financial and human resources to sustain the campaign over an appropriate length of time? How long will that be?

- Are accessible mammography screening facilities located in or near your community?
- What types of partners will you need to support the campaign (e.g., breast and cervical cancer screening programs, Centers for Independent Living, or accessible mammography sites)?

With these questions answered, an organization's leadership will have set the stage for planning a successful health promotion campaign.

Tip: To be most effective, dedicated staff will be needed to plan and implement a local *The Right To Know* campaign. It is recommended that primary partner organizations have a staff person dedicated to the campaign with at least 25% of his or her time committed to the campaign.

Securing and Managing Community Partners

With core campaign planning questions answered, identify community partners and engage their interest and commitment to *The Right To Know* health promotion campaign.



Depending on an organization's resources, campaign goals, and the channels needed to reach women with physical disabilities in a community, several partners may be needed.

When putting together a list of potential partners, keep in mind that there are two types of partners:

1. Partners who can strategically plan and network on the campaign's behalf to secure financial and human support or establish distribution channels.
2. Partners who will actually implement the campaign's activities.

At a minimum, campaign planning committees and partners should include:

- Women living with physical disabilities representing the campaign's target audience.
- A Center for Independent Living or other disability service organization.
- A local mammography imaging center or medical center that offers accessible mammography screenings.

Other potential partners include:

- Local or state public health departments.
- Local or state cancer education organizations.
- Local or state disability advocacy organizations.
- Rehabilitation hospitals.
- Community-based or local affiliates of national organizations whose outreach and communication efforts target women with physical disabilities.
- Organizations that reach specific racial or ethnic groups of women with disabilities.
- Breast cancer foundations or organizations that can help connect the campaign to established community breast cancer prevention events.
- Physical therapy practices.
- Obstetrician/gynecologist physician offices that treat women with physical disabilities.
- Local radio, television, and newspapers.

Examples of Organizing (Primary) and Supporting (Secondary) Partners

Primary Partners		
<ul style="list-style-type: none"> Central Coast Center for Independent Living (Salinas, California) 	<ul style="list-style-type: none"> Massachusetts Office of Health and Disability (Boston, Massachusetts) 	<ul style="list-style-type: none"> Rehabilitation Institute of Chicago (Chicago, Illinois)
Secondary Partners		
<ul style="list-style-type: none"> Central Coast Alliance for Health Natividad Medical Center Montgomery County Health Department Comprehensive Cancer Care Community Hospital of the Monterey Peninsula Breast Clinic Radio Bilingue American Cancer Society 	<ul style="list-style-type: none"> Boston Center for Independent Living Boston Public Health Commission Dana-Farber Mammography Cancer Institute Dana-Farber Mammography Van Services Multi-cultural Independent Living Center of Boston Women's Health Network American Cancer Society 1199 Service Employees International Union (labor union that includes home health care workers) 	<ul style="list-style-type: none"> Access Living of Metropolitan Chicago (CIL) Home Health and Hospice Loyola University Medical Center Mount Sinai Hospital Northwestern Memorial Hospital Mammography Department Progress Center for Independent Living Rehabilitation Center of Chicago Women's Board Rush University Medical Center Schwab Rehabilitation Hospital Silver Lining Foundation University of Chicago Mammography Department

Planning the Partner Campaign Kickoff Meeting

Once all potential collaborators have been identified, invite them to a partner campaign kickoff meeting. This meeting:

- Unites potential partners to support the health promotion campaign.
- Establishes campaign objectives among partners.
- Identifies campaign activities, the quantities and types of campaign materials needed, and who will implement the activities.
- Identifies how partners will track their efforts and results.
- Establishes systems of communication.

Create an agenda for the meeting to guide the discussion. If possible, keep the first meeting to a maximum of 4 hours with two or three breaks and include breakfast or lunch, or both.

Tip: If the campaign has several partners, consider forming subcommittees to more efficiently accomplish planning and execution of specific campaign activities.

Establishing and Maintaining Partners: Lessons Learned From Pilot Campaigns

Working with partners takes time, patience, and open and regular communication. Most often, partners will be donating their staff and financial resources to support campaign activities. Thus, their questions, concerns, and suggestions need to be heard and addressed. When working with partners consider these lessons

learned from the pilot campaign's primary partners:

- Expand existing relationships with partners, but also explore relationships with new, nontraditional partners. For example, a Center for Independent Living might consider partnering with the state health department's breast and cervical cancer screening program.
- Clearly explain the benefits of participating in the health promotion campaign to all partners.
- Involve partners in the planning campaign and define specific partner activities.
- Establish regular communication with specific objectives for each meeting or conference call.
- Clearly define partner roles and responsibilities. Do not involve all partners in every decision.
- Divide partners into subcommittees (as needed) based on partner interest and capacity to work on the subcommittee.
- Keep partners informed of the campaign's progress, but do not overload them with details.
- Listen to partner needs and support their efforts.
- Thank and acknowledge partner contributions.
- Involve partners in planning a specific event. This is a great opportunity to build and strengthen relationships between organizations.

IV. Dissemination Plans— Strategic Roadmaps That Organize the Campaign Effort

Develop a dissemination plan that will serve as an overall roadmap describing how this health promotion campaign will come to life. Share the plan with partners for their feedback and buy-in. Plan components include:

- **Campaign Goals**—What is the overall goal(s) of your organization's *The Right To Know* campaign? Try to limit campaign goals to two.

Ex: Increase the percentage of women with physical disabilities who have a mammogram every 1 to 2 years.
- **Communication Objectives**—What do you want the information disseminated during the campaign to achieve among the target audience? Try to limit communication objectives to three.

Ex: Help women with physical disabilities increase their knowledge and awareness of breast health and the risk factors associated with breast cancer.
- **Target Audience(s)**—Who are the recipients of the information being disseminated? Do you need to prioritize the target audiences into primary and secondary segments?

Ex: Identify English and Spanish speaking women, 40 years of age or older living in Salinas, California
- **Strategies**—How are you going to meet your goals? (Think broadly, not of specific tactics.)

Ex: Utilize the local media and partners' communication channels to raise awareness of the local *The Right To Know* campaign activities and key messages sup-

porting breast health and mammography screening.

- **Tactics**—What are the specific activities that support the strategies? These can include hosting a launch event, participating in health fairs or breast cancer walks or races, and distributing tip sheets or displaying campaign posters

Ex: Contact local health reporters at television stations and community newspapers to write a story on the challenges women with disabilities often encounter when scheduling and having a mammogram.

Ex: Work with local radio station producers to adapt one of the MP3 files into a local public service announcement (PSA). Find a breast cancer survivor living with a physical disability who can be the local spokesperson for the campaign. Encourage the station to air the PSA during prime audience listening hours.

- **Campaign Evaluation**—What might success look like? Can you evaluate the campaign's activities? Can you monitor and track activities?
- **Execution Timeline**—How much time is needed to plan and execute activities and events, and prepare and deliver campaign materials to partners?

Crafting a Strategic Dissemination Plan

- Develop clearly defined goals and campaign communication objectives that all partners agree on.
- Consider which campaign products partners intend to use, the quantities to be ordered from CDC or that will be downloaded from *The Right To Know* website and reproduced. Be sure to note costs for printing materials will be needed.
- Identify each partner's available financial and human resources.

- Ask partners to support activities that are a natural extension of a program or work they are currently implementing.
- Consider how much time partners will need to prepare for activities they are responsible for executing.
- Assign priorities to chosen tactics and pursue only those that are most realistic, will reach the target audience, and are culturally appropriate.
- Think through the schedule of activities and be aware that a campaign will ebb and flow with various levels of intensity.
- Identify early in the planning process accessible mammography screening centers that can be shared with the target audience and partners. This information will help women easily find accessible mammography centers. Campaign efforts should refer women to accessible screening centers. If a community does not have accessible mammography screening centers, then consider working with local facilities to make reasonable accommodations for screening.
- Determine how to monitor or track partner activities.
- Identify any barriers that could affect the implementation of the dissemination plan and decide how to respond to them.
- Try to host at least one special event during the campaign that can bring heightened attention to the campaign materials and messages among the target audience, stakeholders, and other people who might influence the target audience's health care decisions.



V. Putting the Dissemination Plan Into Action

The dissemination plan should include a variety of health promotion activities, such as kickoff and other community special events, materials distribution and displays, advertising, e-mail blasts, and mailings. Media activities with local and community news outlets (e.g., local newspapers and community organizations' online newsletters) can help increase awareness of the local campaign in the community and enhance health promotion activities that are more closely directed to the target audience. When planning and executing such activities, keep in mind the following suggestions and examples.

Health Promotion Special Events

Special events that support *The Right To Know* local campaign can bring together women with disabilities, health care providers, and community leaders to discuss the issues associated with breast cancer screening, detection, and treatment as they pertain to women with physical disabilities. In addition, such events can help generate community awareness and excitement about local campaign activities. Special events can launch the campaign and can be tied to special health observance months (e.g. October for Breast Cancer and Disability Awareness, April for Cancer Control Awareness, or May for National Women's Health Week). They can be

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held independently or in conjunction with another community event. Events should be fun as well as informative.

During the *The Right To Know* campaign pilot demonstration, each one of the three primary partners planned and implemented at least one special event. These events included a women's health and beauty program, a continuing education training program for mammography technicians and health care providers, and a community health education seminar. A more detailed description of these events follows.

Rehabilitation Institute of Chicago and the "Pretty in Pink" Seminar

Theme: Women's Health and Beauty Program

Location: Rehabilitation Center of Chicago

Date: November 2006

Partners: University of Chicago and Rush Memorial Hospital

Participants: 50 Black or African-American, Latina, and White women, 40 through 69 years of age, with physical disabilities

Program Overview: The Rehabilitation Center of Chicago invited women with physical disabilities to their facilities for an afternoon that focused on women's health and beauty issues. The program highlighted *The Right To Know* campaign materials and messages and encouraged women to make an appointment for a mammogram. The MP3 recordings were played in the lobby entrance so women could hear them as they mingled outside the event space and campaign posters, fliers, and tip sheets were displayed. All of the women who attended received gift bags and *The Right To Know* tip sheets. The event featured:

- Physician speakers from the University of Chicago and Rush Memorial Hospital

- A performance about body image by local comedian Tekky LaMekky (Ms. LaMekky lives with a physical disability)
- Free manicures, massages, and other beauty treatments
- Display and distribution of campaign Posters, fliers, and tip sheets

Central Coast Center for Independent Living (CCCIL) and Health Care Provider Educational Sessions

Theme: Caring for People With Physical Disabilities

Location: Salinas Valley Memorial Hospital, Navida Medical Center, and Community Hospital of Monterey Peninsula Breast Clinic

Date: November 2006

Partners: Salinas Valley Memorial Hospital, Navidad Medical Center, and Community Hospital of Monterey Peninsula Breast Clinic

Participants: 30 health care providers comprising physicians, nurses, physical therapists, occupational therapists, mammography technicians, and case managers

Program Overview: CCCIL organized a series of educational programs to help obstetricians, family physicians, and mammography technicians improve their care of female patients with physical disabilities. The educational sessions included two short “grand rounds” programs at Salinas Valley Memorial Hospital. During these grand rounds sessions, a physician from the Rehabilitation Department of Valley Brook Medical Center (San Jose, California) gave a presentation on obstetrics/gynecology and breast health issues faced by women with disabilities and how these issues can differ from those of women without disabilities. They also discussed examination processes and scheduling issues. A third educational session was conducted by Flora Maiki, executive director of Breast Health Access for Women with Disabilities in San Francisco. This session was given to mammography technicians and addressed scheduling

issues for providing mammograms for women with physical disabilities. Following these medical education sessions, all health care providers were sent *The Right To Know* posters and tip sheets, and were asked to display the posters in their waiting rooms and distribute copies of the tip sheets to patients.

Massachusetts Office on Health and Disability and The Right To Know Education Event

Theme: Breast Health Education

Location: Local community college in Boston, Massachusetts

Date: October 2006/Breast Cancer Awareness Month

Partners: Dana Farber Cancer Institute, Boston Center for Independent Living and the Boston Public Health Commission, Women’s Health Network, 1199 SEIU

Participants: 50 women 40 through 69 years of age living with physical disabilities. Most of the women were Black or African American and White.

Program Overview: To kick off *The Right To Know* campaign, members of the Massachusetts Office on Health and Disability brought women with disabilities together for an educational program focused on breast health and breast cancer screening. Many of *The Right To Know* campaign materials were incorporated into the program and the tip sheet was translated into Braille for women who were visually impaired. In addition, MP3 recordings featuring the White and Black or African-American women from the campaign were played while their recordings were translated through sign language interpreters for those who were hearing impaired. The program featured a female physician and two women who had survived breast cancer, all of whom were living with a disability. These women shared with the attendees the important health issues and risk factors associated with breast cancer and the important role breast cancer screening plays in early detection.

When Planning Special Events, Remember To. . .

- Consider a launch event to kick off the campaign in the community and potentially generate initial awareness of the campaign and its messages.
- Avoid holding events when the weather might make transportation for women with physical disabilities difficult.
- Create an event that is fun and appealing to women. The event can incorporate breast health and breast cancer screening messages, but does not have to focus solely on these issues. It can incorporate a variety of other health, nutrition, fitness, fashion, and beauty issues that generally will appeal to the target audience.
- Involve women with disabilities from your community in the event planning process.
- Include information on the event posters, fliers, advertising, and e-mail announcements pertaining to accessibility for people with physical disabilities.
- Try to publicize the event with local news organizations (e.g., newspapers, radio and television stations and websites) and invite health reporters to cover it.
- Organize programs that not only educate women with physical disabilities, but also engage physicians, mammography technicians, nurses, and other allied health professionals.
- Consider the many health observances that take place throughout the year and whether an event might receive more interest from your potential attendees, stakeholders, and the local media if it is held at the same time. Consider orchestrating a breast health event in coordination with one of the following national health observances:

- February – National Cancer Prevention Month
- April – Cancer Control Month
- May 11-17 – National Women’s Health Week
- May 12 – National Women’s Check-Up Day
- June 1 – National Cancer Survivors’ Day
- September 24 – National Women’s Health and Fitness Day
- October – National Disability Employment Awareness month
- October – National Breast Cancer Awareness Month
- October 17 – National Mammography Day
- November – National Family Caregiver Month

Material Distribution and Display: Getting Health Promotion Messages Deep Into the Community

Women living with physical disabilities can lead very active lives. Materials should be distributed and displayed where these women live, work, play, and worship. *The Right To Know* campaign materials can be mailed, e-mailed, or downloaded easily, so there are many opportunities for disseminating these materials in the community. Talk with your partners about the most effective communication channels they use to reach constituents. Also refer to the *Tools You Can Use* section on page 3 for some materials distribution ideas. These include:

- Displaying posters, tip sheets, and fliers in health care provider offices or clinics, disability service offices, durable medical equipment stores, and pharmacies, as well as in retail stores and restaurant windows. Note: When there are space limitations and the posters are too big, the full-size print advertisements also can be displayed in public areas.

- Placing tip sheets and print advertisements in community newsletters, local magazines, and newspapers.
- Posting Web banners, *The Right To Know* website URL, and the MP3 audio recordings on partner organization websites.
- Airing the MP3 audio recordings during events and as part of radio station news stories or interviews.

Partners play a critical role in disseminating materials deep into a community so work closely with them and make sure they receive clear communication regarding:

- The types and quantities of products to be reproduced and distributed. (Make sure financial resources are available to reproduce the materials and human resources are available to distribute them.)
- The length of time materials will stay posted in the community and whether partners will need to remove them at the close of the campaign effort.
- Reinforcing campaign messages during organization meetings and events. (For example, if a church agrees to make tip sheets available on a community information table, ask the minister if he or she would announce during services that congregants should visit the information table and remind women of the importance of regular breast cancer screening.)

Using Paid Advertising, Public Service Campaigns and Media Relations To Raise Broad Awareness of Local *The Right To Know* Health Promotion Campaign and Messages

Paid advertising, public service announcements, and media relations can greatly help partners increase broad awareness of campaign materials and messages. If the budget permits, partners will want to explore using a combination of media relations, advertising and public

service announcements to support local *The Right To Know* campaign dissemination activities.

Paid Advertising and Public Service Announcements

Paid advertisements guarantee that messages are presented to target audiences exactly as created. Organizations purchase specific commercial print space, broadcast air time, or website space so that their advertisements can be seen or aired. There are opportunities to advertise on websites, social media networks (e.g., Facebook and MySpace), billboards, and public transportation services such as buses, trains, and taxis. In addition, nontraditional venues and mediums such as accessible bathroom stalls, restaurant placemats, or postcards, also can provide additional opportunities to reach the target audience.

Paid advertising space greatly varies across media and medium (e.g., billboards, buses, trains, and postcards). For example, website advertising space often is less expensive than such space in newspapers, magazines, and broadcast media. Community and Spanish-language news media are often less expensive than daily English language newspapers and magazines. Campaign partners might want to consider working with a media buying agency that can strategize about how best to plan and implement a local advertising effort. The media buyer might be able to help the campaign attain advertising space at a reduced cost or become a campaign partner by donating his or her professional services.

Public service announcements or PSAs are nonpaid advertisements. Media companies donate a percentage of their news services for community service and will select a few PSAs to run in or on their donated media space. Like paid advertisements, PSAs usually contain key messages and ask readers, viewers, or listeners to take some kind of action (e.g., go to a website or call a hotline). *The Right To Know* campaign

materials include camera-ready print advertisements in several sizes that can be placed in newspapers or magazines as paid advertisements or PSAs. In addition, online banners are also available for advertising on websites.

If the dissemination plan includes placing *The Right To Know* campaign materials in local newspapers as PSAs, keep in mind that news media receive hundreds of PSA requests so it can be difficult to get the campaign's message aired or printed. When planning a PSA placement effort be sure to:

- Send the PSA to the media at least 6 to 12 weeks prior to the date the PSA should run.
- Identify the community affairs directors or public service directors at the local media outlets who are responsible for reviewing and selecting PSAs.
- Include a letter, called a pitch letter, with *The Right To Know* advertisement explaining why it is important for the media outlet to use the PSA and why women with physical disabilities and their families and friends need to know about *The Right To Know* campaign messages.

Adapting *The Right To Know* materials

for radio: The MP3 recordings can be incorporated into a radio advertisement. Try to find a radio station who will help produce a prerecorded radio advertisement using their studio facilities. A producer at the station also can help create "live announcer" scripts that radio announcers can be read on the air.

Media Relations

Media relations involves working with newspapers, radio and television stations, community and organization newsletters, and websites to get them to publish news stories about an event, person, or issue of interest to a community. News stories help to educate target audiences, as well as the general public, about

issues related to breast health and breast cancer screening among women with physical disabilities. They also provide opportunities for subject matter experts in a community to express their support for *The Right To Know* campaign and messages. Unlike advertising, news stories do not guarantee that messages and information will be reported accurately because they depend on how a journalist is going to interpret the information he/she is provided. Most media relations activities can be conducted on a limited budget, but they do require adequate staffing resources and time.

Media Relations Tools

When executing media relations activities consider using one or more of the following media relations tools to help get information about a local *The Right To Know* campaign to community news media. The tip sheet found on the *The Right To Know* web site can help create some of these materials.

Press Release

A press release is a summary of news, including quotes from spokespersons, key messages, important facts, and new information about an issue that help make for an interesting news story. It is usually one or two pages and aims to "sell" an idea to the media. Press releases include the *who, what, when, where, and why* (e.g., information on an organization, what the news is and why it's important). They are sent to and used by all media outlets including television, radio, print, and website news editors, reporters, and producers and can help journalists write and produce news stories.

Pitch Letter

A pitch letter can be used on its own or with a press release and other media relations materials to suggest a story idea(s) related to the local *The Right To Know* campaign. The letter or e-mail can propose one or more story ideas and is used as a conversation starter to generate interest from a journalist. The pitch letter should be one page or less and should include

key messages and story ideas, relevance of an issue, as well as, a recommendation for a good subject matter expert and importance.

Media Alert

A media alert informs the media that an event is taking place. It is a one-pager and contains the *who, what, where, when, and why* about the event. When having an event or special education program, send an initial media alert to local media outlets 3 to 5 days before the event, and then contact news organizations to ask if they will attend and explain why it is important they cover the event as a news story. Resend the media alert one day before the event as a reminder and follow it with phone calls to help secure media attendance. Media alerts should be sent to news assignment desks and health reporters.

Opinion-Editorials (Op-Eds)

The editorial page of a newspaper is widely read by policymakers and key stakeholders in the community. Placing a by-lined article in the op-ed section of the newspaper often will get the attention of and inform these particular target audiences. Every newspaper has an editorial editor. If it is a small newspaper, the general editor often will decide which editorials to run. Contact local opinion page editors for specific submission guidelines.

Key Messages

Key messages are often the three to five most important ideas or facts that should be communicated consistently and repeated to target audiences. They are a fundamental element of any successful media relations effort and should be incorporated into the previously mentioned media relations tools.

Organizations cannot communicate effectively until they know what they want to say.

Consider the following when crafting a local campaign's key messages:

- Make key messages brief (one to two sentences) and consistent throughout all media relations tools.
- Communicate the most important message first and do not include a lot of background information.
- Give action steps that are positive, not negative.
- Use personal pronouns such as "We are committed to..." or "We understand the need for..."
- Avoid technical jargon, condescending or judgmental phrases, promises or guarantees, and humor.

EXAMPLE OF A KEY MESSAGE: "Breast cancer affects all women, including those living with physical disabilities. If you are 40 years of age or older, get screened every one to two years."

VI. Monitoring and Tracking *The Right To Know Campaign*

Why Is Monitoring Important?

Dissemination planning needs to include a method for tracking plan activities in order to assess progress made and make adjustments in implementation as needed. Monitoring and evaluation of dissemination efforts are not optional steps that can be added on during the implementation of the campaign, or after the campaign ends. Instead, monitoring and process evaluation strategies need to be in place from the campaign's beginning and are an essential component of the dissemination plan. This is the only way to ensure that the appropriate information is collected, dissemination activities being implemented are examined, problems or challenges are identified, and recommendations can be made to address issues by revising the dissemination activities as needed.

Monitoring helps an organization track which campaign materials are being distributed and to whom. Once campaign activities are under way, monitoring helps an organization to stay on track and to identify when changes in campaign strategies, tactics, and activities are needed. For instance, if part of a campaign plan was to reach the Latina community and very few Spanish language materials have been distributed, a new partner may be needed to work directly with this population and help increase dissemination efforts.

Monitoring and evaluation activities are also critical in securing additional funding. Many funding entities will require evidence on the capacity of an organization to carry out this type of health communication and dissemination effort prior to awarding funds.

What Is Monitoring and How Does It Relate to Process Evaluation?

Process evaluation focuses on campaign activities and their immediate results. Monitoring is an essential component of any process evaluation because it involves tracking resources used, activities implemented, products distributed, and immediate outputs. Through a process evaluation, intersections or points of contact between partners, dissemination activities, campaign materials, and the target audience can be examined. In contrast, outcome evaluation focuses on the end goals of the campaign and examines whether the behavioral objectives have been met; for example, have breast cancer screening rates increased among women in the target audience?

What Should Be Monitored and Evaluated?

When defining what needs to be monitored, it is useful to closely review the campaign dissemination plan and timeline. Look at the set of activities that have been defined for each dissemination strategy and when they are to be implemented. Sometimes a logic model is helpful. A logic model is a diagram that shows the relationship between campaign inputs, campaign activities, immediate campaign outputs, and longer term campaign outcomes. An example of a logic model for the pilot campaign can be found in the Additional Resources section of this dissemination guide.

For campaign monitoring, focus on only the first three parts of the model: inputs, activities, and outputs. The logic model is a tool that can help to visualize the components of a campaign and the processes and activities involved: how the resources available will be used to carry out certain activities (e.g., buying advertising space and placing campaign advertisements in the local newspaper); how these activities in turn are expected to have certain outputs (e.g., increased awareness of the importance of screening); and,

ultimately, how they should lead to expected outcomes (e.g., increased screenings).

Using either a logic model or the campaign dissemination plan as a point of reference, can help organizations decide what to monitor, examine progress made *as it is taking place*, compare it to originally planned campaign activities, and decide on any adjustments needed to the campaign while it is being implemented.

There are many types of campaign activities that can be monitored and evaluated. These often include:

- Community engagement events (e.g., tracking the number of attendees at an event that includes campaign materials and collecting feedback from attendees using evaluation forms)
- Campaign materials distribution and placement (e.g., monitoring the number of posters displayed at key locations throughout the community or monitoring the number of tip sheets distributed)
- Media activities (e.g., monitoring the number of radio spots where the MP3 recordings were used or recording any newspaper articles or editorials related to the campaign topic or events)
- Information requests (e.g., recording the number of telephone or in-person requests for information)

Assess partnering efforts is important. Be sure that monitoring activities and include the number and types of partners that are participating in the campaign, the dissemination activities in which they are collaborating, and their feedback on what has been successful and what has not.

How To Track Progress Made?

How and when to collect data will depend on the goals of an organization's monitoring and evaluation activities; the nature of an organization's campaign; the timeline; and, of course, the resources available for this activity. There are two basic types of information or data: quantitative and qualitative, which are often used in tandem because they serve different purposes. Both types of information are necessary to monitor progress, make the necessary adjustments, and assess the success of the campaign.

Quantitative Data

Quantitative data are used to describe, measure, and quantify aspects such as audience reach, materials distributed, and activities held as part of the campaign. Such data often are used to answer 'What?' questions such as:

- What activities were carried out?
- What materials were distributed and to whom?

For the pilot campaign, standardized forms were developed to collect quantitative information needed to track progress made, record campaign activities, and register information requests. Samples of these are available in the Additional Resources section of this dissemination guide.

Qualitative Data

Qualitative data are used to obtain more in-depth information about specific campaign processes and events, including audience and partner perceptions. These data more often are used to answer 'How?' questions, such as:

- How were partners engaged in the campaign?
- How can dissemination strategies be improved?

A Step-by-Step Approach to Planning for Campaign Monitoring and Process Evaluation

Step 1: Know Your Campaign

As you begin to plan for monitoring and carrying out a process evaluation of local campaign activities start by answering these questions:

- What do you want to accomplish with the campaign?
- What activities have you planned to achieve this?
- What resources are available to your program to support the activities you are planning?
- What outputs do you hope to achieve through these activities?

Step 2: Define the Purpose of Monitoring and the Goals of the Evaluation

Just as you defined communication goals and objectives for the campaign as part of the dissemination plan, you will need to define the goals and objectives of your evaluation efforts. Ask yourself what aspects of the campaign you want to assess. It could be one or more of the following:

- What resources are needed to implement a local campaign?
- What are the best partnering strategies?
- What are the best dissemination strategies?
- What are the best communication channels?
- What are the critical elements for your local dissemination effort?

Step 3: Select Monitoring and Evaluation Topics and Measures

You will want to identify what topics or aspects of the campaign you want to evaluate and how you are going to measure or assess each one. Some examples of these topics are:

- **Dissemination of Materials:** Postings; distribution at events; direct mailings; and placement at health care provider locations.
- **Inquiries:** Number of inquiries, materials requested, and screening referrals.
- **Awareness of Materials by Target Audience:** Informal audience surveys during community engagement activities and materials requests
- **Partnering Strategies:** Partner perceptions and the types and number of partnerships established.
- **Relative Success of Materials:** Relative volumes of each material distributed and additional materials requests.
- **Best Dissemination Strategies:** Volume of materials distributed and audience reach by dissemination strategy.
- **Best Channels:** Audience reach by communication channel.
- **Capacity Building:** Additional outreach as a result of the campaign, additional dissemination activities, and additional funding secured.

Step 4: Define Sources of Information and Ways To Collect the Information Needed

You will need to use a combination of approaches to gather the information needed to adequately monitor the campaign, examine progress made, and make adjustments to your plan, including at least one of the following:

- Reviewing meeting minutes
- Holding meetings with partners to discuss progress made, barriers encountered, and facilitators
- Interviews with key stakeholders
- Tracking activities using standardized forms
- Tracking information inquiries using standardized forms
- Interviews with members of the target audience
- Interviews with mammography technologists and schedulers

Once information has been collected and analyzed the information, modify dissemination strategies, tactics, or activities based on the data gathered. However, this is not the end of the monitoring phase. Continue to track progress made, including the way in which the adjustments to the dissemination approach were actually implemented. The steps outlined previously are part of a continuous monitoring cycle that should be taking place during the whole period of *The Right To Know* campaign starting with preplanning and ending with the assessment of the final activities of your campaign.

Remember that it is just as important to include partners in the campaign evaluation as

it was during planning and implementation. The manner and extent to which partners are included will vary depending each group of partners involved and the campaign's organizing structure. However, partners will most likely be needed to collect the monitoring data and many times it will also be useful to gather their perspective on the results.

Campaign partners may want to ask themselves, if they were to implement the campaign again with the benefit of hindsight:

- What would they do the same?
- What would they do differently?
- What advice would they give other organizations that would like to implement *The Right To Know* campaign?

Just as partners were included in planning the campaign to secure their commitment and increase the potential of success, they need to be included in several aspects of the monitoring and evaluation of the campaign and results should be shared with them. The experiences gathered from the pilot campaigns have shown that many of the partnerships that were forged or strengthened as a result of *The Right To Know* campaign have been carried on to other efforts. So, the benefits of the campaign might not be limited only to improving breast health among women with physical disabilities, but also might contribute to improving the quality of life of people living with disabilities or to health promotion in a variety of other areas.

VII. Additional Resources

Sample Strategic Plan

Sample Media Tools

A. Media Alert

B. Op-Ed

Sample Campaign Monitoring Tool

Sample Tracking Tool

Sample Strategic Plan

This strategic plan was developed by the Central Coast Center for Independent Living and implemented during their pilot campaign activities.

CDC Breast Cancer Screening for Women With Physical Disabilities Central Coast Center for Independent Living Pilot Campaign Dissemination Planning Worksheet

1. Campaign Goals

What is the overall goal(s) of your organization's Breast Cancer Screening for Women With Physical Disabilities Dissemination Campaign? Try to limit campaign goals to two.

- To disseminate health promotion materials encouraging women with physical disabilities to get regularly screened for breast cancer
- To build and strengthen support from local health and community-based organizations on breast cancer screening affecting women with physical disabilities.

2. Communication Objectives

What do you want the information disseminated during the campaign to achieve among the target audience? Try to limit communication objectives to three.

- To persuade women with physical disabilities that they need to get an annual mammogram.
- To elevate the importance of breast cancer screening among women with physical disabilities.
- To raise awareness of the importance of breast cancer screening for women with physical disabilities among local health and community-based organizations
- To raise awareness that women with physical disabilities have a right to have an accessible mammography screening

3. Target Audience

Who are the recipients of the information being disseminated? Do you need to prioritize the target audience into primary and secondary?

- English and Spanish speaking women with between the ages of 40 and 69 with physical disabilities living in Monterey and Santa Cruz counties.

4. Campaign Strategies

How are you going to accomplish the communication objectives? (Think broadly, not specific tactics.)

- Utilize partnerships with community, disability service and health care organizations to leverage material dissemination.
- Use local Spanish-language and general media to raise awareness of key campaign messages.
- Generate interest and support from media and community leaders and consumers with timed special events (one at launch and one during Breast Cancer Awareness Month in October).
- Customize select health promotion materials to drive target audience to Central Coast Center for Independent Living for more information.

Sample Strategic Plan cont'd

5. Tactics/Activities

What are the specific activities that support the strategies?

- Distribute tip sheets at the following community events:
 - ◆ SUBA Event (September), MCCEPD Employer Recognition (October), Bi-National Health events (October), and MCCEPD Winter Luncheon (December).
- Create partnerships with the following medical-managed care health care providers and key local community-based organizations to support campaign efforts:
 - ◆ Central Coast Alliance for Health and
 - ◆ Clinica De Salud (Clinics in Salinas, Greenfield, Gonzales, and King City).
- Identify key staff who will respond to telephone inquiries and track them.
- Distribute low-tech flyers and tip sheets at the following meetings and events:

<ul style="list-style-type: none"> ◆ RIDES Advisory Council ◆ Members Services Advisory board ◆ Commission on Disabilities ◆ SCORE ◆ MCCEPD Executive Committee ◆ Monterey County Health Consortium ◆ NAMC ◆ CCCIL's Spanish TBI Support Group 	<ul style="list-style-type: none"> ◆ Central Coast Alliance for Health Advisory Committee ◆ CHISPA Board ◆ Monterey County Action Council ◆ Girl's Inc. Steering Committee ◆ United Way of Monterey County ◆ Monterey County Health Consortium.
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- Display posters in the following venues (where people live, work, play, and worship) (this can include clinics, community centers, churches, grocery stores, post offices, swap meets, residential community centers, bakeries, labor camps, Promotoras, CCCIL offices, schools, laundry mats, tortillerias, paratransit services staff, doctor offices, pharmacies, herb shops, bridal salons, and restaurants):

<ul style="list-style-type: none"> ◆ Swap Meet in East Salinas ◆ Sacred Heart Church ◆ La Esperanza Markets ◆ Casa de Lavanderias in East Salinas ◆ La Princessa Market ◆ Mi Pueblo Market ◆ El Charrito Market ◆ El Aguila Bakery ◆ La Leal Bakery ◆ Plaza Bakery ◆ Jesse Sanchez School ◆ Bardin Elementary ◆ Oscar Loya School ◆ Northridge Mall stores catering to women 	<ul style="list-style-type: none"> ◆ RIDES program ◆ Chapala's Mexican Restaurant ◆ La Fogata ◆ El Camaron ◆ Carlito's ◆ Winchell's Donuts ◆ Mc Donald's ◆ Walgreens ◆ Longs Drug Stores ◆ Rite Aid ◆ Sal-Mex ◆ Super Taqueria ◆ AA. Deportivo Alcon
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Sample Strategic Plan cont'd

- Display tip sheets or distribute tip sheets through retailers (e.g., Victoria's Secret, and the lingerie department at Macy's).
- Develop a resource list of mammography centers in surrounding areas and make available to partners, community organizations, the media, and consumers

Media Relations and Advertising

- Conduct a paid media buy and place print advertisements in select daily and community newspapers
- Conduct media relations activities in support of kick-off and Breast Cancer Awareness Month events (e.g., press release, media alert, health promotion campaign materials, and information on CCCIL).
- Develop three key messages (adapted from the health promotion materials) to incorporate into all communication efforts with partners, consumers, and media.
- Secure an opportunity with The Californian and The Sentinel to write monthly columns relating to women with physical disabilities and mammography screening.
- Approach the two major Spanish-language radio stations to feature a talk show segment on accessible mammography screening for women with physical disabilities. Feature Elsa, Alma, health provider (radiologists)
- Secure an interview on the Teresa Wright program that appears on Sunday mornings

Community Organization Partnerships

- Collaborate with the following organizations to support the campaign: churches, CBOs, health care providers, and health care service organizations and facilities. Develop and distribute to partners a partner campaign tip sheet with suggestions on how they can get involved and the health promotion materials available (the goal is to get each organization to agree to conduct at least one dissemination activity).
 - ◆ Del Mar Caregiver Resource Center
 - ◆ Department of Rehabilitation (Salinas & Monterey)
 - ◆ MS Community Services
 - ◆ Deaf and Hard of Hearing Services Center
 - ◆ Monterey County Health Department
 - ◆ Alliance On Aging
 - ◆ Aging and Adult Services
 - ◆ Blind and Visually Impaired Center
 - ◆ Hartnell College
 - ◆ MPC
 - ◆ John XXIII Aids Ministry
 - ◆ Interim
 - ◆ HOPE Services
 - ◆ Department of Social and Employment Services
 - ◆ MCOE
 - ◆ REAP Program
 - ◆ San Andreas Regional Center
 - ◆ Sun Street Centers
 - ◆ Women's Crisis Center
 - ◆ Shelter Outreach Plus
 - ◆ Monterey County Aids Project
 - ◆ Monterey County Housing Authority
 - ◆ Clinicas De Salud
 - ◆ Monterey-Salinas Transit
 - ◆ CHISPA
 - ◆ Community Action Partnership

Sample Strategic Plan cont'd

Additional Organizations:

South County Regional Health Partners

Catholic Charities

CRILA

Central Coast Citizenship project

Center for Community Advocacy

Coalition of Homeless Service Providers

Housing Advocacy Council

Social Security Administration

- Contact local obstetrician/gynecologists (Dr. Susan Rosen) to participate and support the campaign efforts.
- Hold a grand rounds focused on need for screening for women with physical disabilities.
- Partner with local health care providers that have a client base of women with physical disabilities or hospitals or mammography centers that offer accessible mammography machines, or both, to host a special lecture during which barriers to screening are discussed, including tips to help women with disabilities better communicate with health care providers and overcome any perceived barriers.
- Hold a sensitivity training with technicians and health care providers.

Sample Media Tools

A. Media Alert

The following media alert was written and disseminated by the Central Coast Center for Independent Living during their pilot campaign activities.

MEDIA ALERT CONTACT: _____

FOR IMMEDIATE RELEASE

October 27, 2006

The Central Coast Center Independent Living (CCCIL) and the Center for Disease Control (CDC) and Prevention, has launched a pilot campaign to disseminate health promotional materials to evaluate their impact on creating awareness, perceived susceptibility and self-efficacy regarding breast cancer screening for women with disabilities in Monterey County. Information gleaned from this pilot campaign will be used to develop a national health promotion campaign to educate women with disabilities about their risk for breast cancer and to encourage them to be screened. The pilot campaign activities are taking place through February 2007.

CCCIL will be holding a press conference at the Natividad Mammography Center located in Bldg 500, 1441 Constitution Blvd. in Salinas on October 30, 2006 at 12 pm.

For more information, contact: (provide name, phone and email)

Sample Media Tools

B. Op-Ed

The following Op-Ed was written by the Rehabilitation Institute of Chicago and partners and submitted to the *Chicago Tribune* for consideration.

Breast cancer affects all women, including those with severe physical disabilities. Unfortunately, women with disabilities are less likely to receive screening mammograms and more likely to be diagnosed at a later stage of cancer than their non-disabled peers.

We, the health care and community service providers signed below, support National Breast Cancer Awareness Month by participating in a U.S. Centers for Disease Control (CDC) pioneering project designed to increase the awareness of breast cancer prevention among women with physical disabilities. Despite national objectives to promote the health and well-being of people with disabilities, the use and quality of preventive breast cancer screening by women with disabilities remains inadequate.

Access to health care means much more than having robust health insurance coverage. Structural barriers, such as architectural design, inaccessible diagnostic equipment or poor signage impede access to health care for people with many different kinds of disabilities. Individuals with disabilities are denied access to potentially life-saving diagnoses when diagnostic equipment is inaccessible. For example, unlike typical mammography equipment that requires a woman to stand up, equipment based on universal design standards allows a woman to sit during the procedure. Few health care providers are trained in addressing the preventive screening needs of people with disabilities. A woman with a spinal cord injury or multiple sclerosis might look at a yearly mammogram as a grueling experience or an experience she chooses not to have at all.

A lack of regular screening leads to delays in breast cancer diagnosis and less favorable prognoses among women (with or without disabilities). Delayed treatment is less effective and costs more.

“For more than 20 years, National Breast Cancer Awareness Month (NBCAM) has educated women about early breast cancer detection, diagnosis and treatment. NBCAM continues reaching out to women with several key messages, most notably, the importance of early detection through annual mammography screening for women over 40, or earlier for women at increased risk. Mammography screenings are a woman’s best chance for detecting breast cancer early. When coupled with new treatment options, mammography screenings can significantly improve a woman’s chances of survival. We are pleased that our efforts have contributed to more women than ever participating in mammography screening. Independent reports indicate that this has been instrumental in the increase in the survival rate for women with breast cancer.” (www.nbcam.com).

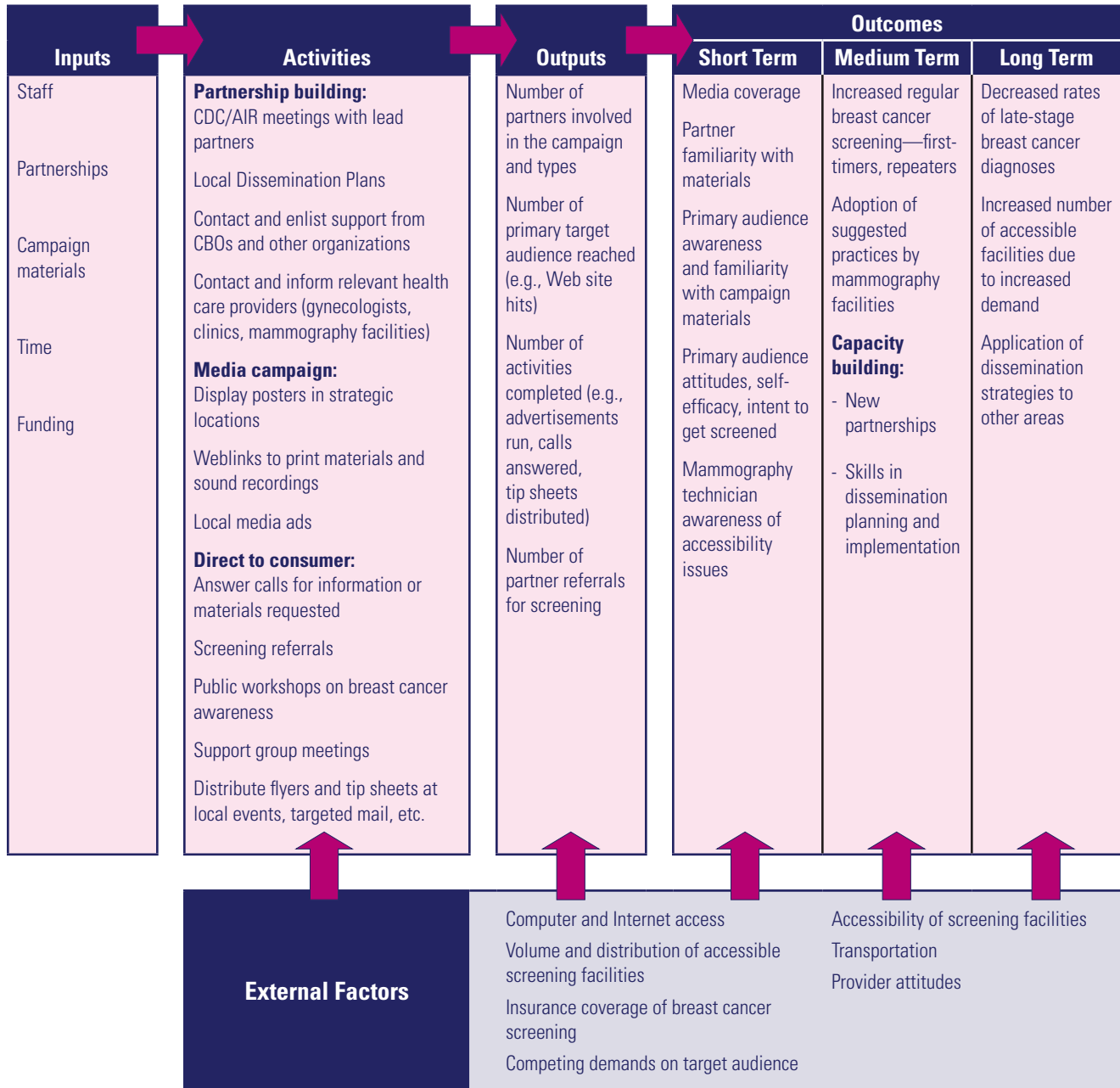
We feel it is time this message reaches a segment of the population that has traditionally lacked adequate access to essential preventive care. The health care and community service providers signed below are committed to improving the breast cancer morbidity and mortality rates of women with disabilities in the Chicago metropolitan area.

We encourage all women to take charge of their breast health. For women with disabilities, this may mean learning an adaptive breast self-exam or performing an alternative means of monthly assessment. It also means scheduling an annual screening mammogram regardless of the barriers. Because confronting them is the only way to knock them down.

Sample Campaign Monitoring and Tracking Tools

Pilot Campaign Logic Model

Dissemination and Evaluation of Breast Cancer Screening Materials for Women with Physical Disabilities



Pilot Campaign Tracking Forms

Community Outreach and Media Activity Tracking Form

GENERAL ASPECTS

(a) Name of Organization: _____

(b) Start Date of Event: _____ End Date of Event: _____

(c) Location of Event (Check only one):

- | | |
|--|--|
| <input type="checkbox"/> Center for Independent Living | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Healthcare Facility or Clinic | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> Disability Service Organization | <input type="checkbox"/> Other (please specify): _____ |
| | <input type="checkbox"/> Not applicable |

(d) Partner Organizations (please list up to three partners that you had to distribute the materials or plan the event):

1) _____ 2) _____ 3) _____

Type of Activity

(e) Type of Outreach:

[check only one]

- ☐ Health Fair
- ☐ Presentation
- ☐ Workshop
- ☐ Media Activity
- ☐ Other (please specify): _____

Audience

(f) Primary Audience:

[check only one]

- ☐ Target Audience
- ☐ Family/Significant Other
- ☐ Health Care Professionals
- ☐ Personal Assistant/Caretaker
- ☐ Other (please specify): _____

(g) Race/Ethnicity (indicate only if targeting one of the following)

[check only one]

- ☐ African-American, non-Hispanic
- ☐ Hispanic/Latino, any race

(h) Number of people who attended the Event (if applicable): _____

MATERIALS DISTRIBUTION

(i) Methods of Distribution

☐ Placement (Please specify where and how): _____

☐ Intermediary Organization (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Center for Independent Living | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Healthcare Facility or Clinic | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> Disability Service Organization | <input type="checkbox"/> Other (Please specify): _____ |

☐ Web site (Please specify web address or URL): _____

☐ Direct/Letter Mail

☐ Other (Please specify): _____

Community Outreach and Media Activity Tracking Form, cont'd

(j) Number of Materials Distributed and Versions

☐ Posters

Version: ☐ Judi; Number: _____ Version: ☐ June; Number: _____

Version: ☐ Diane; Number: _____

Version: ☐ Helen (English); Number: _____

Version: ☐ Helen (Spanish) ; Number: _____

☐ Tip Sheet

Version: ☐ English; Number: _____ Version: ☐ Spanish; Number: _____

☐ Flyer

Version: ☐ Judi; Number: _____ Version: ☐ June; Number: _____

Version: ☐ Diane; Number: _____

Version: ☐ Helen (English); Number: _____

Version: ☐ Helen (Spanish); Number: _____

Version: ☐ Group (English); Number: _____

Version: ☐ Group (Spanish); Number: _____

☐ Audio Recording:

Version: ☐ Judi; Number: _____ Version: ☐ June; Number: _____

Version: ☐ Diane; Number: _____ Version: ☐ Helen; Number: _____

MEDIA ACTIVITY

(k) Advertisement Placement
(check all that apply):

☐ Newspaper

☐ Newsletter

☐ Web site

☐ Magazine

(l) Media Advocacy
(check all that apply):

☐ Distributed press release

☐ Organized press conference

☐ Wrote and placed an article
or editorial

☐ Spokesperson interviewed
by media

☐ Contacted reporters

(m) Language Used
(check only one):

☐ English

☐ Spanish

☐ Both

☐ Other (please specify): _____

(n) Advertisement versions used (check all that apply):*

☐ Judi

☐ June

☐ Diane

☐ Helen (Spanish)

☐ Helen (English)

* NOTE: Please be sure to attach any news article clips

Thank you for completing this form. If you have any questions/concerns, please contact
cdcinfo@cdc.gov. Please fax your form to 404-498-3060

Information Request/Email/Telephone Call Tracking Form

GENERAL

(a) Date of Contact: _____

(b) Method of Contact (Check only one):

- ☐ Telephone
- ☐ In-person
- ☐ Hard Mail/Letter
- ☐ E-mail
- ☐ Online
- ☐ Other (please specify): _____

(c) Information Requestor is (Check only one):

- ☐ Target audience member (women, 40–69 yrs., living with physical disabilities)
- ☐ Media
- ☐ Health Professional
- ☐ Family/Significant Other
- ☐ Other (please specify): _____

(d) Reason for contact (Check all that apply)

- ☐ General information about breast cancer screening
- ☐ Information about an event related to the pilot campaign
- ☐ Other (Ask for requestor to specify): _____
- ☐ Information about this organization
- ☐ Information about a screening location

SOURCE OF REQUEST

(e) Requestor heard of organization from (Check all that apply)

- ☐ Poster (Ask requestor to specify where seen, if phone call): _____
- ☐ Flyer (Ask for requestor to specify where seen, if phone call): _____
- ☐ Tip Sheet (Ask for requestor to specify where seen, if phone call): _____
- ☐ Recording (Ask for requestor to specify where heard, if phone call): _____
- ☐ Advertisement (Ask for requestor to specify where seen, if phone call): _____
- ☐ Outreach Activity
- ☐ Website
- ☐ News story
- ☐ Health care provider
- ☐ Caseworker
- ☐ Other (Ask for requestor to specify, if phone call): _____

ACTION TAKEN (Check all that apply)

(f) What action(s) did you take:

- ☐ Screening referral
- ☐ Information requested was provided by phone or email
- ☐ Pilot campaign materials were sent (please specify which materials were sent): _____
- Other (please specify): _____

Thank you for completing this form. If you have any questions or concerns about this form, please contact cdcinfo@cdc.gov. Please fax it to 404-498-3060

VIII. References and Additional Resources

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